

45th 9/04/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445460

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

07/21/2010

NAME OF PROVIDER OR SUPPLIER

VANCO MANOR NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

813 S DICKERSON RD

GOODLETTSVILLE, TN 37072

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 000

INITIAL COMMENTS

F 000

During the annual recertification survey conducted at Vanco Manor Nursing and Rehabilitation Center on July 19 - 21, 2010, complaints TN00024791 and TN00025557, were investigated. A deficiency was cited in relation to complaint TN00024791.

F 442

SS=D

483.65(b)(1) PREVENTING SPREAD OF INFECTION

F 442

When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.

F442

483.65 (b) (1) Preventing Spread of Infection.

08/05/10

Requirement:

Facility must isolate the resident when the infection control program determines that a resident needs isolation to prevent the spread of infection.

Corrective Plan:

- 1- Mask and gowns were placed in the stand in residents rooms #5 on 07/30/10
- 2- All patients on isolation were checked for protective equipment in the room.
- 3- All nursing staff were in serviced by DON/ADON on 08/03/10 @ 08/05/10 regarding protective equipment in the rooms.
- 4- DON/ADON will monitor for compliance through monthly rounds.

This REQUIREMENT is not met as evidenced by:
Based on review of facility policies, interview, and observation, the facility failed to provide appropriate personal protective equipment for residents on isolation for one resident (#5) of twenty-four residents sampled.

The findings included:

Medical record review revealed Resident #5 was admitted to the facility on December 13, 2007, with diagnoses including Acute Renal Failure, Dementia, Coccyx Decubitus, Diabetes, Atrial Fibrillation, Dysphagia, Hypertension, Colostomy, Osteoarthritis, and Osteoporosis. Medical record review of the Minimum Data Set dated May 3, 2010, revealed the resident had short term memory deficits; required assistance with Activities of Daily Living; received a tube feeding; had an indwelling urinary catheter in place; and was continent of bowel.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Solomon Khesht

Administrator

8/3/10

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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445460

(X2) MULTIPLE CONSTRUCTION

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NAME OF PROVIDER OR SUPPLIER

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F 442

Continued From page 1 .

F 442

Continued review of the medical record revealed the resident returned from the hospital on July 6, 2010, where Methicillin Resistant Staphylococcus Aureus (MRSA) was cultured from blood and urine. Subsequently the resident was placed on contact isolation.

Observation of the resident's room on July 19, 2010, during initial tour, revealed a sign on the door to the room stating visitors must contact the nurse before entering the room. Further observation revealed a three drawer stand inside the room with red biohazard bags in the top drawer, and the other two drawers empty. Observation of the resident's room on July 20, 2010, at 2:30 p.m., revealed the contents of the three drawer stand were unchanged from initial tour.

Interview with the Director of Nursing (DON) on July 20, 2010, at 3:25 p.m., on the 300 Hall, revealed Resident #5 was on contact isolation but staff did not "necessarily need gowns for close resident contact." Continued interview with the DON confirmed the resident had MRSA in both blood and urine, but the resident had a urinary catheter so there was not a problem with the urine. Further interview with the DON revealed the resident had a dressing which covered an ulcer so there was nothing open to air.

Observation of the resident's room on July 21, 2010, at 7:55 a.m., revealed the top drawer of the stand still had red biohazard bags, as well as a stethoscope and ostomy bag in it, while the other two drawers remained empty. Continued observation revealed two Certified Nursing Assistants (CNA) don gloves; enter the room; and

AUG 05 2010

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(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445480

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

07/21/2010

NAME OF PROVIDER OR SUPPLIER

LANCO MANOR NURSING AND REHABILITATION CENTER

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Continued From page 2.
position the resident for breakfast.

Interview with the CNA caring for the resident on
July 21, 2010, at 8:00 a.m., revealed the CNAs
were not allowed to tell visitors the type of
isolation but were to refer them to the nurse.
Continued interview with the CNA revealed the
staff do not wear gowns for any resident care.
Further interview revealed the CNA stated "We
were told to wear gloves only."

Review of the facility policy entitled "Isolation"
revealed "Wear gowns to protect skin and prevent
soiling or contamination of clothing during
procedures and patient-care activities when
contact with blood, body fluids, secretions, or
excretions is anticipated."

C/O # 24791

F 442

AUG 05 2010